## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06/03/2010</u>	Address:	<u>721 E. TIPTON ST.</u>	
Case #:	<u>42-30674</u>		SEYMOUR, IN.	
County:	<u>JACKSON</u>			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)  Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): ALONG ROADWAY				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		Ephedrin Retail/M	Investigative Information  Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other:	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ire Department: SEYMOUR FIRE  Iealth Department: JACKSON CO.  Child Protection Service: N/A  Fax: 812-522-2598 Fax: 812-522-2916 Fax: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>MARTIN A. MEAD</u> Phone <u>812-522-1441</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.